

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014634

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

75

Primary Registration District No.

3015

Registrar's No.

41

FILED MAY 8 1962

1. PLACE OF DEATH

a. COUNTY **Clinton**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Cameron**

Length of stay in 1b
9 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Cameron Community Hosp.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY **Caldwell**

c. CITY
OR
TOWN **Hamilton**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Virginia Lee Spears

4. DATE
OF
DEATH Month Day Year
April 19, 1962

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
11/16/1890

9. AGE (last birthday)
71

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired Training Sch. Inst. School

10b. KIND OF BUSINESS OR INDUSTRY
Industrial

11. BIRTHPLACE (City and state or country)
Kentucky

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Harmon

13b. MOTHER'S MAIDEN NAME

Nancy Bales

14. NAME OF HUSBAND OR WIFE

Charles Spears

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. George Haggrave Hamilton, Mo

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Arteriosclerotic Heart
Disease with Reperfusion**

INTERVAL BETWEEN
ONSET AND DEATH

1 day

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dr. Kuno M.D.

(Degree or title)

22b. ADDRESS

Cameron Mo

22c. DATE SIGNED

4-29-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

4/21/1962

23c. NAME OF CEMETERY OR CREMATORY

Mooreville Cemetery

23d. LOCATION (City, town, or county)

Mooreville,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Morris A. Bram Hamilton, Mo.

25. DATE RECD. BY LOCAL REG.

5-2-62

26. REGISTRAR'S SIGNATURE

Francis W. Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

10251

20130-

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94200

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12 1-0

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Marion A. Bram

Licensed Embalmer No.

3918

P. O. Address

Hamilton, 1740

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.